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| EV 000E | PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 10872.0517745 | |
|--|--|---|---|--|
| FY 2005 (Fees pursuant to the Consolidated Appropriations Act | , 2005 (H.R. 4818).) | 10072.0317743 | , | |
| Application Number 10/772,716 | | Filed February | 5, 2004 | |
| For DIAGNOSIS, PROGNOSIS AND TRE | EATMENT OF PU | LMONARY DISEASES | | |
| Art Unit 1647 | | Examiner Specto | or, Lorraine | |
| This is a request under the provisions of 37 CFR 1.13 application. | 36(a) to extend the p | eriod for filing a reply in the | above identified | |
| The requested extension and fee are as follows (chec | ck time period desire | ed and enter the appropriate | e fee below): | |
| | Fee | Small Entity Fee | | |
| X One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ <u>60</u> | |
| Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ | |
| Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | s | |
| Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ | |
| Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | s | |
| X Applicant claims small entity status. See 37 CFR | 1.27. | | | |
| A check in the amount of the fee is enclosed | d. | | | |
| X Payment by credit card. Form PTO-2038 is | attached. | | | |
| The Director has already been authorized to | charge fees in th | is application to a Depos | sit Account. | |
| The Director is hereby authorized to charge Deposit Account Number 06-2226 | | ay be required, or credit ave enclosed a duplicate | | |
| WARNING: Information on this form may become p Provide credit card information and authorization of | | ormation should not be inclu | uded on this form. | |
| I am the applicant/inventor. | | | | |
| assignee of record of the entity Statement under 37 CFR 3 | | | | |
| X attorney or agent of record. R | egistration Number | er <u>41,487</u> | | |
| attorney or agent under 37 Ci Registration number if exting und | FR 1.34. len ₃ 7 CFR 1.34 | | | |
| | J | March 22, | 2007 | |
| Signature | | | Date | |
| Stephen R. Albainy-Jenei | | (513) 651 | -6839 | |
| Typed or printed name | | Telepho | one Number | |
| NOTE: Signatures of all the inventors or assignees of record of the e signature is required, see below. | entire interest or their repr | esentative(s) are required. Submit | multiple forms if more than one | |
| | re submitted. | | | |

comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Offit.
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